

<b>Case Number:</b>	CM15-0041765		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	08/06/2004
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Psychologist

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker (IW) is a male who sustained an industrial injury on 08/06/2004. The documentation provided demonstrated the anxiety, depression and anger the IW had because of unresolved dental issues that he stated had not been addressed by the Division of Worker's Compensation. The IW reported he did not go out due to his appearance. The loss of his teeth had prevented him from eating properly and he had lost an unhealthy amount of weight. There was no documentation from the requesting provider to review. The Review of Records dated 7/3/06 from another provider states the IW is diagnosed with posttraumatic stress disorder and recommends continued treatment with the requesting provider for psychiatry and another provider he was seeing for psychotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**12 sessions of psychotherapy for one year:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Cognitive therapy for PTSD.

**Decision rationale:** Based on the review of the medical records, which were at least 5 years old, the injured worker has been receiving psychiatric and psychological services for several years. Unfortunately, there were no current records submitted for review. Without information regarding recent psychological services such as a recent psychological evaluation, progress notes, PR-2 reports, etc., the need for additional treatment cannot be determined. As a result, the request for 12 psychotherapy sessions is not medically necessary.